

## NOTICES OF EXEMPT RULEMAKING

The Administrative Procedure Act requires the *Register* publication of the rules adopted by the state's agencies under an exemption from all or part of the Administrative Procedure Act. Some of these rules are exempted by A.R.S. §§ 41-1005 or 41-1057; other rules are exempted by other statutes; rules of the Corporation Commission are exempt from Attorney General review pursuant to a court decision as determined by the Corporation Commission.

### NOTICE OF EXEMPT RULEMAKING

#### TITLE 9. HEALTH SERVICES

#### CHAPTER 25. DEPARTMENT OF HEALTH SERVICES EMERGENCY MEDICAL SERVICES

[R09-01]

#### PREAMBLE

- 1. Sections affected**  
R9-25-503  
Table 1
- Rulemaking Action**  
Amend  
Amend
- 2. The statutory authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**  
Authorizing statutes: A.R.S. §§ 36-136(F) and 36-2209(A)(2)  
Implementing statute: A.R.S. § 36-2205(A)  
Statute or session law authorizing the exemption: A.R.S. § 36-2205(C)
- 3. The effective date of the rules:**  
January 2, 2009
- 4. A list of all previous notices appearing in the Register addressing the exempt rule:**  
Not applicable
- 5. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**  
Name: Terry Mullins, Bureau Chief  
Address: Department of Health Services  
Bureau of Emergency Medical Services and Trauma System  
150 N. 18th Ave., Suite 540  
Phoenix, AZ 85007  
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or  
Name: Kathleen Phillips, Administrative Counsel and Rules Administrator  
Address: Department of Health Services  
Office of Administrative Counsel and Rules  
1740 W. Adams St., Suite 200  
Phoenix, AZ 85007  
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**6. An explanation of the rule, including the agency's reasons for the rule, including the statutory citation to the exemption from regular rulemaking procedures:**

The purpose of this rulemaking is to amend R9-25-503, Table 1 to add **Pralidoxime Chloride** Auto-Injectors, Atropine Sulfate Auto-Injectors, and combined Atropine Sulfate and **Pralidoxime Chloride** Auto-Injectors to the list of agents an EMT may administer or assist a patient to self-administer in the case of a confirmed or suspected neurological toxin release. **Pralidoxime Chloride** and Atropine Sulfate Auto-Injectors are not currently approved for use by EMTs who would need them in the event of a neurological toxin release. This rulemaking will rectify that situation. The changes in this rulemaking were recommended by the Protocols, Medications, and Devices Committee of the Medical Direction Commission (MDC); the MDC; and the Emergency Medical Services Council. The statute authorizing the exemption from the regular rulemaking process is A.R.S. § 36-2205(C).

**7. A reference to any study relevant to the rule that the agency reviewed and either relied on in its evaluation of or justification for the rule or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**

None

**8. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:**

Not applicable

**9. The summary of the economic, small business, and consumer impact:**

Not applicable

**10. A description of the changes between the proposed rules, including supplemental notices, and final rules, (if applicable):**

Not applicable

**11. A summary of the comments made regarding the rule and the agency response to them:**

Not applicable

**12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:**

Not applicable

**13. Incorporations by reference and their location in the rules:**

None

**14. Was this rule previously made as an emergency rule? If so, please indicate the Register citation:**

No

**15. The full text of the rules follows:**

**TITLE 9. HEALTH SERVICES**

**CHAPTER 25. DEPARTMENT OF HEALTH SERVICES  
EMERGENCY MEDICAL SERVICES**

**ARTICLE 5. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL TECHNICIANS**

Section

R9-25-503. Protocol for an EMT to Administer, Monitor, or Assist in Patient Self-Administration of an Agent  
Table 1. Authorization for Administration, Monitoring, and Assistance in Patient Self-Administration of Agents by EMT Certification; Identification of Transport Agents; Administration Requirements; and Minimum Supply Requirements for Agents

**ARTICLE 5. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL TECHNICIANS**

**R9-25-503. Protocol for an EMT to Administer, Monitor, or Assist in Patient Self-Administration of an Agent**

- A.** An EMT may administer an agent to a patient or other individual if:
1. Table 1 indicates that an EMT with the certification held by the EMT may administer the agent;
  2. The EMT's administration of the agent complies with any requirements included in this Article related to administration of the agent;
  3. The EMT is authorized to administer the agent by:
    - a. The EMT's administrative medical director; or
    - b. For an EMT-B who does not have an administrative medical director, the emergency medical services provider

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- the EMT-B is employed by or volunteers for; and
4. Administering the agent to the patient or other individual is consistent with any administrative medical direction and on-line medical direction received by the EMT.
- B.** Except as provided in subsection (F), when an EMT administers an agent, the EMT shall document the administration on a prehospital incident history report, as defined in A.R.S. § 36-2220, including at least:
1. Patient name, if available;
  2. Agent name;
  3. Indications for administration;
  4. Dose administered;
  5. Route of administration;
  6. Date and time of administration; and
  7. Observed patient response to administration of the agent.
- C.** An EMT shall comply with the written standard operating procedure adopted by the emergency medical services provider the EMT is employed by or volunteers for as required under R9-25-204(F)(6) or R9-25-210(D)(3), if applicable.
- D.** An EMT may monitor an agent listed in Table 1 if:
1. Table 1 indicates that an EMT with the certification held by the EMT may monitor or administer the agent;
  2. The EMT has completed training in administration of the agent that included at least the following information about the agent:
    - a. Class,
    - b. Mechanism of action,
    - c. Indications and field use,
    - d. Contraindications,
    - e. Adverse reactions,
    - f. Incompatibilities and drug interactions,
    - g. Adult dosage,
    - h. Pediatric dosage,
    - i. Route of administration,
    - j. Onset of action,
    - k. Peak effects,
    - l. Duration of action,
    - m. Dosage forms and packaging,
    - n. Required Arizona minimum supply, and
    - o. Special considerations;
  3. If the agent is administered via an infusion pump, the EMT has completed training in the operation of the infusion pump;
  4. If the agent is administered via a small volume nebulizer, the EMT has completed training in the operation of the small volume nebulizer; and
  5. If the agent is administered via a central line, the EMT is an EMT-P.
- E.** An EMT who completes the training required in subsection (D)(2) through (D)(4) shall submit written evidence to each emergency medical services provider or ambulance service the EMT is employed by or volunteers for, that the EMT has completed the training required in subsections (D)(2) through (D)(4), that includes:
1. The name of the training,
  2. The date the training was completed, and
  3. A signed and dated attestation from the administrative medical director that the training is approved by the administrative medical director.
- F.** An EMT may assist in patient self-administration of an agent if:
1. Table 1 indicates that an EMT with the certification held by the EMT may administer or assist in patient self-administration of the agent;
  2. The agent is supplied by the patient;
  3. The patient or, if the patient is a minor or incapacitated adult, the patient's health care decision maker indicates that the agent is currently prescribed for the patient's symptoms; and
  4. The agent is in its original container and not expired.
- G.** Before administering an immunizing agent to an individual, an EMT-I(99) or EMT-P shall:
1. Receive written consent consistent with the requirements in 9 A.A.C. 6, Article 7;
  2. Provide immunization information and written immunization records consistent with the requirements in 9 A.A.C. 6, Article 7; and
  3. Provide documentary proof of immunity to the individual consistent with the requirements in 9 A.A.C. 6, Article 7.
- H.** "Immunizing agent" means an immunobiologic recommended by the Advisory Committee on Immunization Practices of the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

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**Table 1. Authorization for Administration, Monitoring, and Assistance in Patient Self-Administration of Agents by EMT Certification; Identification of Transport Agents; Administration Requirements; and Minimum Supply Requirements for Agents**

**KEY:**

A = Authorized to administer the agent

E = Only authorized to administer or assist in patient self-administration of the agent in the case of an emergency involving a neurological toxin which is confirmed or suspected by an EMT, except as provided in R9-25-507

M = Authorized to monitor IV administration of the agent during interfacility transport, if the IV was started at the sending health care institution

PA = Authorized to assist in patient self-administration of the agent

TA = Transport agent for an EMT with the specified certification

IFIP = Agent shall be administered by infusion pump on interfacility transports

IP = Agent shall be administered by infusion pump

SVN = Agent shall be administered by small volume nebulizer

SVN or MDI = Agent shall be administered by small volume nebulizer or metered dose inhaler

\* = Optional agent for a BLS ambulance that is not primarily serving as the first emergency medical services provider arriving on scene in response to an emergency dispatch

\*\* = The minimum supply for an EMT assigned to respond by bicycle or on foot is 2 cubic feet.

\*\*\* = An EMT-B may administer if authorized under R9-25-505.

[ ] = Minimum supply required if an EMS provider chooses to make the optional agent available for EMT administration

AGENT	MINIMUM SUPPLY	EMT-P	EMT-I(99) Certified Before 1/6/07	EMT-I(99) Certified On or After 1/6/07	EMT-I(85)	EMT-B
Adenosine	30 mg	A	A	A	-	-
Albuterol Sulfate <sup>SVN or MDI</sup> (sulfite free)	10 mg	A	A	A	A	-
Amiodarone <sup>IFIP</sup>	Optional [300 mg]	A	A	-	-	-
Antibiotics	None	TA	TA	TA	TA	-
Aspirin	324 mg	A	A	A	A	A
Atropine Sulfate	4 prefilled syringes, total of 4 mg	A	A	A	-	-
Atropine Sulfate	8 mg multidose vial (1)	A	A	A	A	-
<u>Atropine Sulfate Auto-Injector</u>	<u>None</u>	<u>A</u>	<u>A</u>	<u>A</u>	<u>A</u>	<u>E</u>
<u>Atropine Sulfate and Pralidoxime Chloride (Combined) Auto-Injector</u>	<u>None</u>	<u>E</u>	<u>E</u>	<u>E</u>	<u>E</u>	<u>E</u>
Blood	None	TA	TA	-	-	-
Bronchodilator, inhaler	None	PA	PA	PA	PA	PA
Calcium Chloride	1 g	A	A	-	-	-
Charcoal, Activated (without sorbitol)	Optional [50 g]	A	A	A	A	A
Colloids	None	TA	TA	TA	TA	-
Corticosteroids <sup>IP</sup>	None	TA	TA	TA	TA	-

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Dexamethasone	Optional [8 mg]	A	A	A	A	-
Dextrose	50 g	A	A	A	A	-
Dextrose, 5% in H <sub>2</sub> O	Optional [250 mL bag (1)]	A	A	A	A	M***
Diazepam	20 mg	A	A	A	A	-
Diazepam Rectal Delivery Gel	Optional [20 mg]	A	A	A	A	-
Diltiazem <sup>IFIP</sup> or Verapamil HCl	25 mg 10 mg	A A	A A	- -	- -	- -
Diphenhydramine HCl	50 mg	A	A	A	A	-
Diuretics	None	TA	TA	TA	-	-
Dopamine HCl <sup>IFIP</sup>	400 mg	A	A	-	-	-
Electrolytes/Crystalloids (Commercial Preparations)	None	TA	TA	TA	TA	M
Epinephrine Auto-Injector	2 adult auto-injectors* 2 pediatric auto-injectors*	-	-	-	-	A
Epinephrine Auto-Injector	Optional [2 adult auto-injectors 2 pediatric auto-injectors]	A	A	A	A	-
Epinephrine HCl, 1:1,000	2 mg	A	A	A	A	-
Epinephrine HCl, 1:1,000	30 mg multidose vial (1)	A	A	A	-	-
Epinephrine HCl, 1:10,000	5 mg	A	A	A	-	-
Etomidate	Optional [40 mg]	A	-	-	-	-
Fosphenytoin Na <sup>IP</sup> or Phenytoin Na <sup>IP</sup>	None	TA	TA	-	-	-
Furosemide or, If Furosemide is not available, Bumetanide	100 mg 4 mg	A A	A A	A A	A A	- -
Glucagon <sup>IFIP</sup>	2 mg	A	A	A	A	-
Glucose, oral	Optional [30 gm]	A	A	A	A	A
Glycoprotein IIb/IIIa Inhibitors	None	TA	TA	-	-	-
H <sub>2</sub> Blockers	None	TA	TA	TA	TA	-
Heparin Na <sup>IP</sup>	None	TA	TA	-	-	-
Immunizing Agent	Optional	A	A	A	-	-
Ipratropium Bromide 0.02% <sup>SVN or MDI</sup>	5 mL	A	A	A	A	-
Lactated Ringers	1 L bag (2)	A	A	A	A	M***
Lidocaine HCl IV	3 prefilled syringes, total of 300 mg 1 g vials or premixed infusion, total of 2 g	A	A	A	-	-
Lorazepam	Optional [8 mg]	A	A	A	A	-

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Magnesium Sulfate <sup>IFIP</sup>	5 g	A	A	-	-	-
Methylprednisolone Sodium Succinate	250 mg	A	A	A	A	-
Midazolam	Optional [10 mg]	A	A	-	-	-
Morphine Sulfate	20 mg	A	A	A	A	-
Nalmefene HCl	Optional [4 mg]	A	A	A	A	-
Naloxone HCl	10 mg	A	A	A	A	-
Nitroglycerin IV Solution <sup>IP</sup>	None	TA	TA	-	-	-
Nitroglycerin Sublingual Spray or Nitroglycerin Tablets	1 bottle 1 bottle	A A	A A	A A	A A	PA PA
Nitrous Oxide	Optional [Nitrous oxide 50% / Oxygen 50% fixed ratio setup with O <sub>2</sub> fail-safe device and self-administration mask, 1 setup]	A	A	A	A	-
Normal Saline	1 L bag (2) 250 mL bag (1) 50 mL bag (2)	A	A	A	A	M***
Ondansetron HCl	Optional [4 mg]	A	A	A	A	-
Oxygen	13 cubic feet**	A	A	A	A	A
Oxytocin	Optional [10 units]	A	A	A	A	-
Phenobarbital Na <sup>IP</sup>	None	TA	TA	-	-	-
Phenylephrine Nasal Spray 0.5%	1 bottle	A	A	A	A	-
Potassium Salts <sup>IP</sup>	None	TA	TA	-	-	-
<u>Pralidoxime Chloride Auto-Injector</u>	<u>None</u>	<u>E</u>	<u>E</u>	<u>E</u>	<u>E</u>	<u>E</u>
Procainamide HCl <sup>IP</sup>	None	TA	TA	-	-	-
Racemic Epinephrine <sup>SVN</sup>	None	TA	TA	-	-	-
Sodium Bicarbonate 8.4%	100 mEq	A	A	A	A	-
Succinylcholine	Optional [400 mg]	A	-	-	-	-
Theophylline <sup>IP</sup>	None	TA	TA	-	-	-
Thiamine HCl	100 mg	A	A	A	A	-
Total Parenteral Nutrition, with or without lipids <sup>IFIP</sup>	None	TA	TA	-	-	-
Tuberculin PPD	Optional [5 cc]	A	A	A	-	-
Vasopressin	Optional [40 units]	A	A	-	-	-
Vitamins	None	TA	TA	TA	TA	-